

2439

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending Physician or Midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>297</u>	
District of <u>San Carlos Agency</u>	ORIGINAL CERTIFICATE OF BIRTH	Co. Register No. _____	
Town of _____		Local Registrar's No. _____	
or _____			
City of _____	(No. _____ St. _____ Ward)		
FULL NAME OF CHILD _____		Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Alive	NO
Sex of Child <u>Male</u>	Twin, Triplet or other _____	and	Number in order of birth _____
		Legitimate? <u>yes</u>	Date of Birth <u>May 25</u> 191 <u>4</u>
			(Month) (Day) (Yr.)
FATHER		MOTHER	
Full Name <u>Carlos Victor</u>	Full Maiden Name <u>Sarah Gay Early</u>		
Residence <u>San Carlos Agency</u>	Residence <u>San Carlos Agency</u>		
Color or Race <u>Indian</u>	Color or Race <u>Indian</u>		
Age at last Birthday _____ (Years)	Age at last Birthday <u>17</u> (Years)		
Birthplace <u>Aug</u>	Birthplace <u>Aug</u>		
Occupation _____	Occupation _____		
Number of child of this mother <u>1</u>	Number of children, of this mother, now living <u>1</u>	Were precautions taken against Ophthalmia neonatorum? <u>yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>May 25</u> 191 <u>4</u> , at <u>4 P</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Maxwell Herman MD</u>	
Given or christian name added from a supplemental report _____ 191 _____		(Attending physician, midwife, householder. *)	
Address <u>San Carlos Agency</u>			
Filed <u>May 28</u> 191 <u>4</u>		LOCAL REGISTRAR.	
059-525-258		A True Copy	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	